

REGISTRATION FORM

4TH

Please PRINT or type clearly (*indicates information will appear on your badge).

FIRST NAME* MI LAST NAME*

DEGREE(S) TITLE

DEPARTMENT/DIVISION INSTITUTION*

ADDRESS

CITY STATE POSTAL CODE

COUNTRY*

PHONE FAX EMAIL

(Please include country and city codes if outside the US or Canada.)

WORLD CONGRESS
on
TUBERCULOSIS

Space is Limited! Register early!

REGISTRATION FEE: Amount: \$150 (USD) Due: May 17, 2002

Please check one of the following methods of payment.

☐ **Check/Bank Draft:**

full registration fee in US dollars
drawn to **Courtesy Associates**.
A \$25 (USD) fee will be charged
for any returned checks.

☐ **Credit Card:** The name "**Courtesy Associates**" will appear on your
credit card billing statement. Please check one of the following:

☐ **Visa** ☐ **Mastercard** ☐ **American Express**

CARD NUMBER EXPIRATION DATE

SIGNATURE

ABSTRACT SUBMITTED: ☐ YES ☐ NO

SPECIAL NEEDS: If you have any special needs (e.g., dietary or disability related accommodations such as sign language interpretation, alternative format materials, etc.), please specify your needs:

(USE SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED)

TO SUBMIT COMPLETED REGISTRATION FORM:

By Fax: (For Credit Card Use Only)
Attn: TB Congress
Fax: 1-202-331-0111

Groups need to submit one completed registration form
and credit card information for **each** person.

By Mail: **Attn: 4th World Congress on Tuberculosis**
c/o Courtesy Associates
2025 M Street, NW, STE 800
Washington, DC 20036 USA

Terms and Conditions: Program is subject to change.
Courtesy Associates will accept the registration fees on
behalf of Sequella Global TB Foundation for support of the
World Congress on Tuberculosis. Cancellations submitted
in writing prior to May 10, 2002 will be refunded in full less
\$20 for administrative fees. No refunds given for cancellations
on or after May 10, 2002 or for no-shows at meeting.

Please retain a copy of this form for your records. You will receive confirmation of your registration.